24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	
	te of Public Distribution/Dissemination
Headway Workforce Solutions	10 27 2016
Mailing Address 421 Fayetteville St #1020	ount
City State Zip Code	28832.50
	Insaction ID: SE.6788 te of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/27-11/8 NC Category/ Type 001	11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ıght: House District:
CLINTON, HILLARY RODHAM, , ,	sident Senate State:
Calendar Year-To-Date Disbursem	
Per Election for Office Sought 257331.76 2016	Other (specify)
Full Name of Payee Date	te of Public Distribution/Dissemination
Headway Workforce Solutions	M M / D D / Y Y Y Y
Mailing Address 421 Fayetteville St #1020	10 27 2016
- 4211 dycttovillo ot 1/1020	nount
City State Zip Code	28832.50
'	nsaction ID : SE.6790
Purpose of Expenditure	te of Disbursement or Obligation
Payroll estimate for canvassers 10/27-11/8 NC Category/ Type O01	11 15 / 2016
Name of Federal Candidate Support Office Sou	ught: House District:
ROSS, DEBORAH K, , ,	sident X Senate State: NC
Calendar Year-To-Date Disbursem	nent For: Primary 🗶 General
Per Election for Office Sought 171144.87 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	57665.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Evpanditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Puologram Emily	
Buchanan, Emily, , , [Electronically Filed] Date 10	28 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee Headway Workforce Solutions	Date of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020	10 27 2016 Amount
City State Zip Code Raleigh NC 27601	5690.63 Transaction ID : SE.6792
Purpose of Expenditure Mileage estimate for canvassers 10/27-11/8 NC Category/ Type 002	Date of Disbursement or Obligation 11 15 2016
CLINTON HILLARY RODHAM	ce Sought: House District:
у	President Senate State: oursement For: Primary Other (specify) Other (s
Full Name of Payee Headway Workforce Solutions	Date of Public Distribution/Dissemination 10 27 2016
Mailing Address 421 Fayetteville St #1020	Amount
City State Zip Code Raleigh NC 27601	5690.63 Transaction ID : SE.6794 Date of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/27-11/8 NC Category/ Type 002	11 15 2016
Name of Federal Candidate Support Offi ROSS, DEBORAH K, , ,	ce Sought: House District: President Senate State: NC
	bursement For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	11381.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	69046.26
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Buchanan, Emily, , , [Electronically Filed] Date	10 28 2016